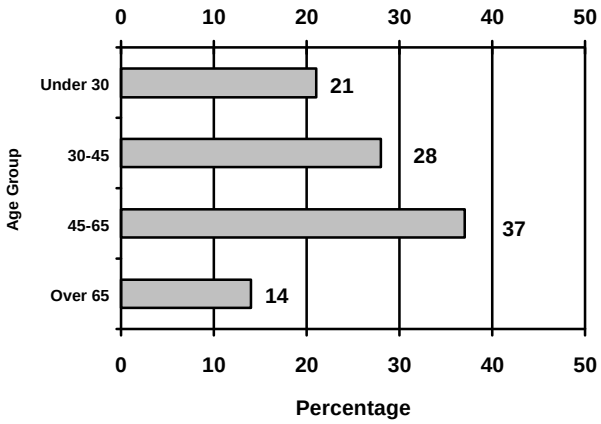
VI. BEHAVIORAL RISK FACTOR SURVEY

The Grundy County Behavioral Risk Factor Survey is a randomly selected, representative sample of the residents of the county. The survey that was used is a telephone interview format, modeled after the Behavioral Risk Factor Survey conducted by the Centers for Disease Control. The survey collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection. The overall statistical reliability of the survey is a confidence level of 90, plus or minus 6%.

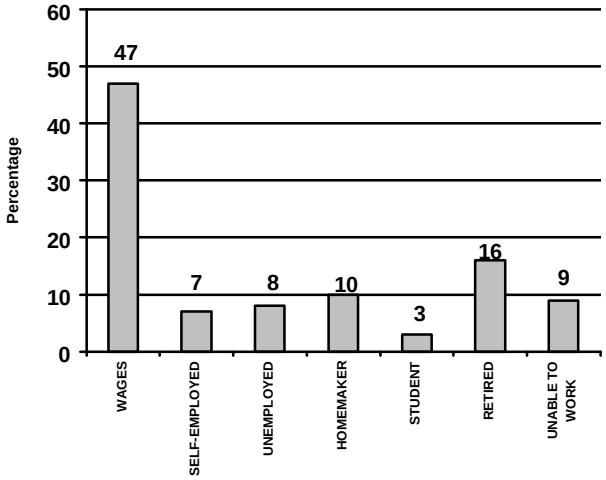
Adults were randomly selected using random digit-dialed telephone surveys and were questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was utilized, asking respondents to identify issues as a definite problem, somewhat of a problem, not a problem, or not sure. A sample size of 200 was collected from Grundy County. ***Issues recognized as potential problems are in bold and are denoted by asterisk***.

Behavioral Risk Factor Demographics

- Of the 200 respondents, 98 were male, 102 were female, of those 63% were married, 10% divorced, 8% widowed, 1% separated, and 18% never married.
- 198 respondents were white, 0 were African American, and 2 were American Indians. Four of the respondents claimed a Hispanic origin.
- The largest age group sampled was the 45-65 year old age group.

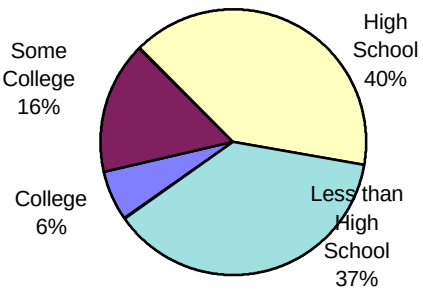


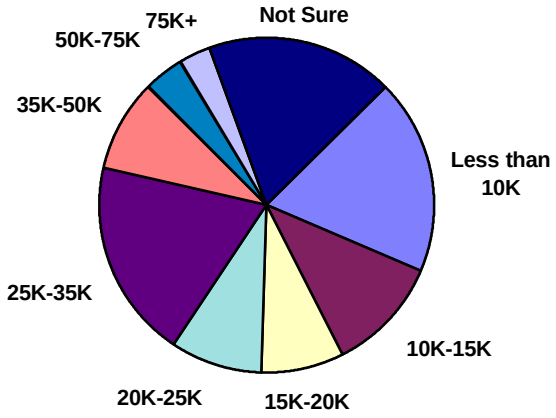
- A majority of the respondents (47%) earned their living through wages, while 16% were retired.



- The household income levels of the respondents were low with two-thirds earning less than $35,000 per year.

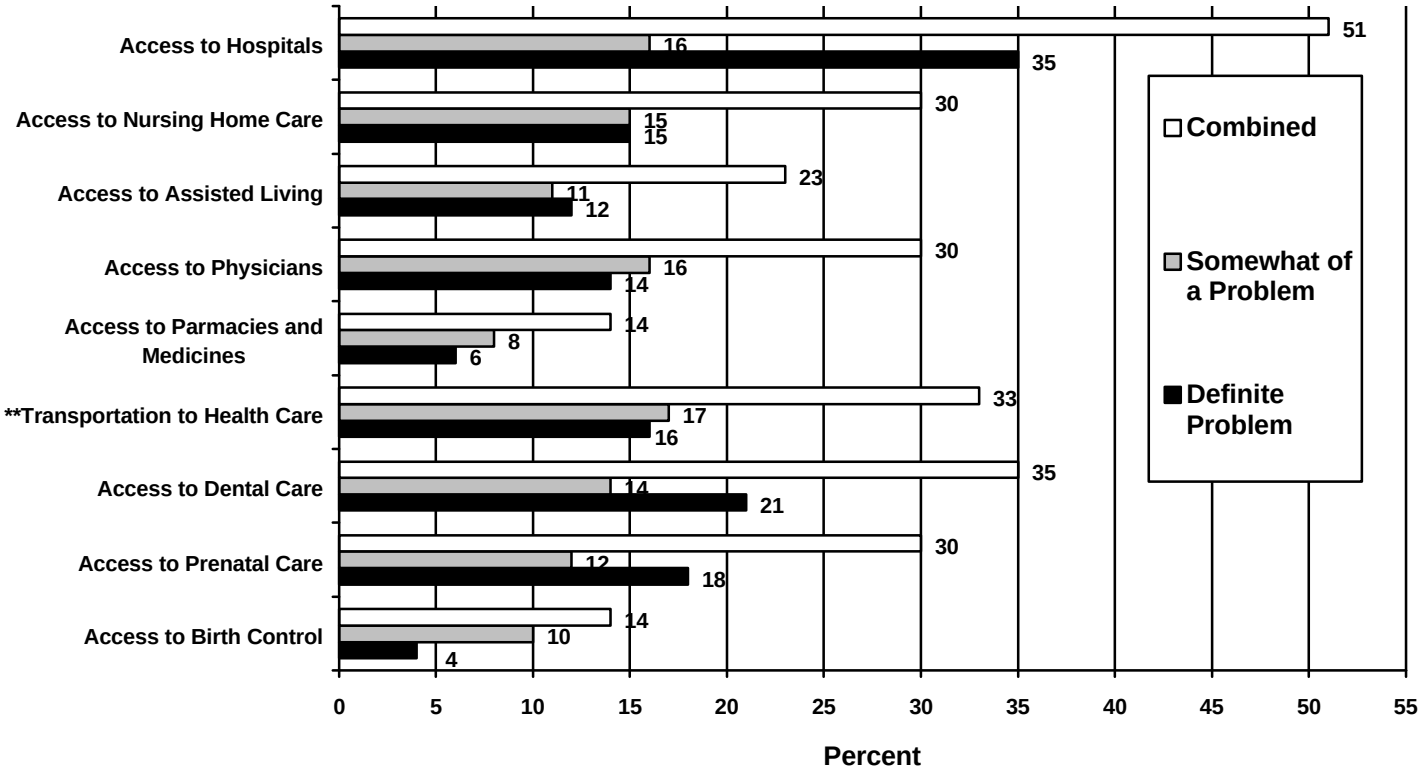
- Approximately 77% of the respondents had a high school degree or less.



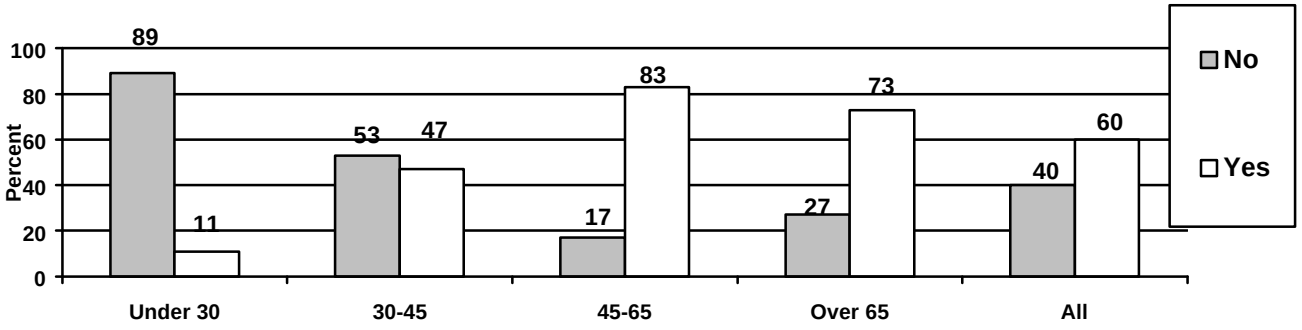


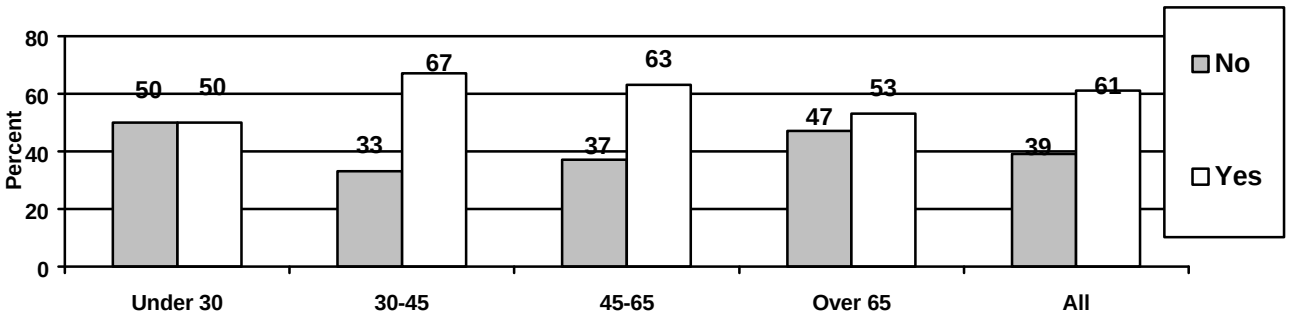
Behavioral Risk Factor Results

- ****When asked whether they felt the following were community problems, responses were as follows:**



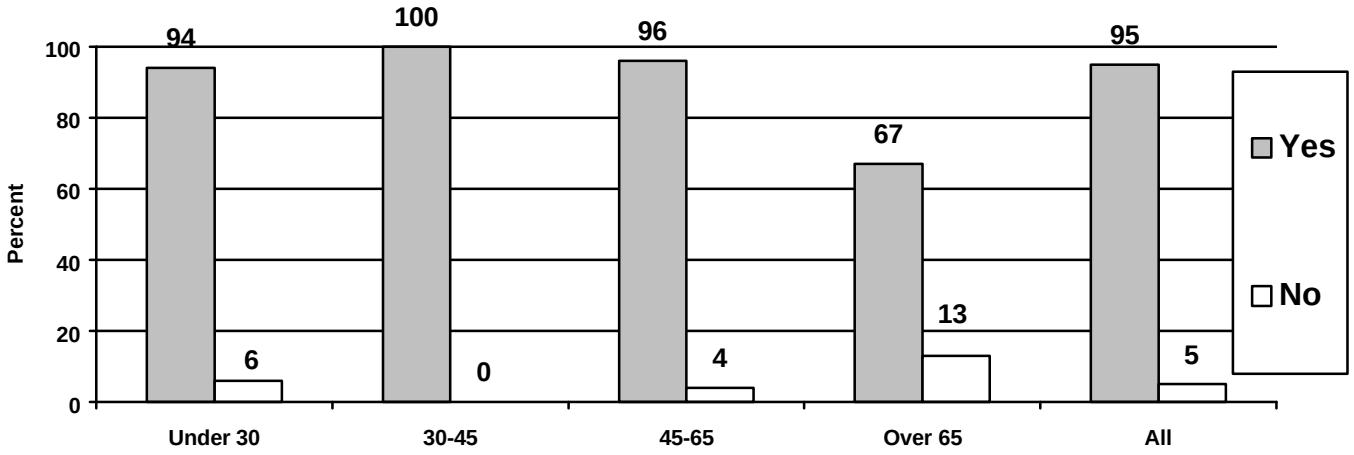
- When asked "HAVE YOU EVER HAD A MAMMOGRAM?," the following responses were obtained:



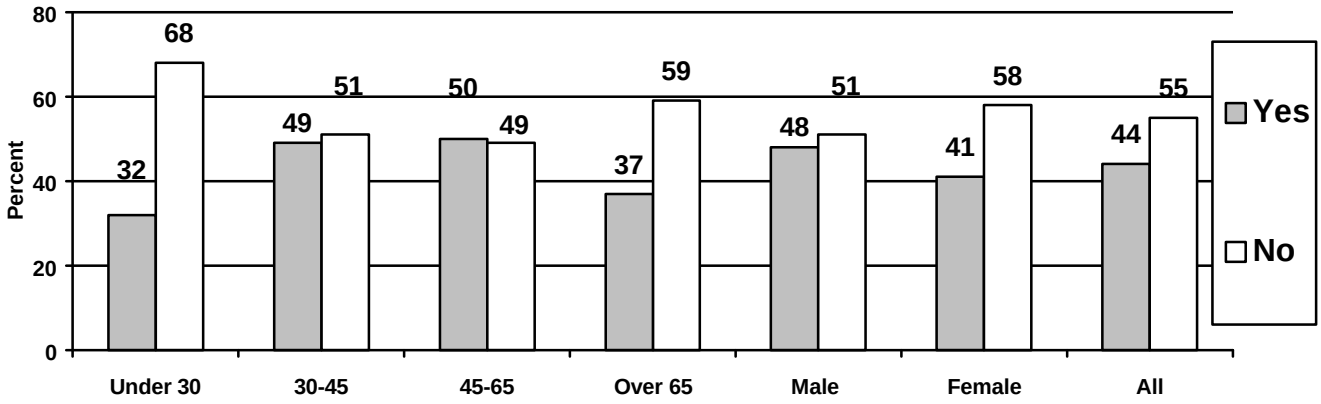


- When asked "DO YOU PRACTICE BREAST SELF-EXAMINATION?," the following responses were obtained:

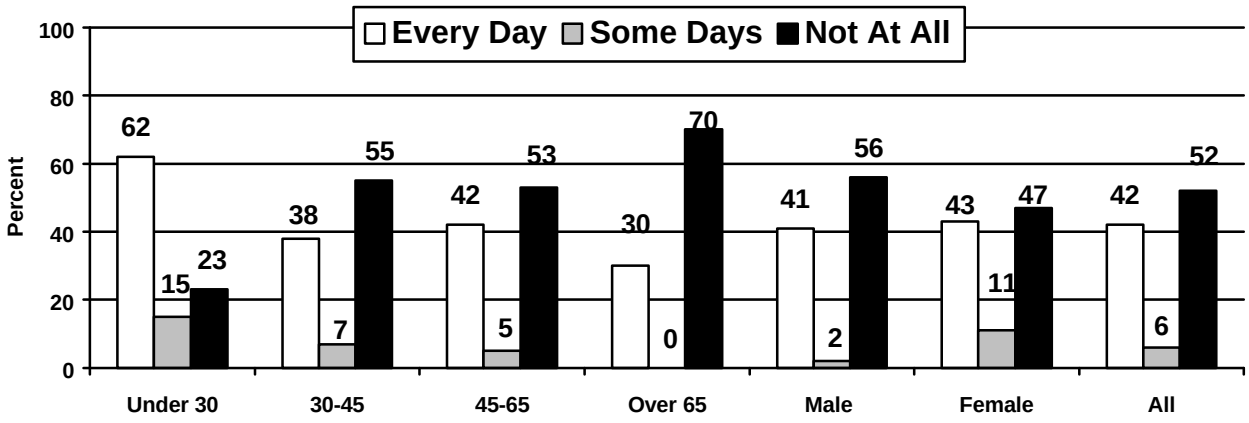
- When asked "HAVE YOU EVERY HAD A PAP SMEAR?," Grundy County residents responded:



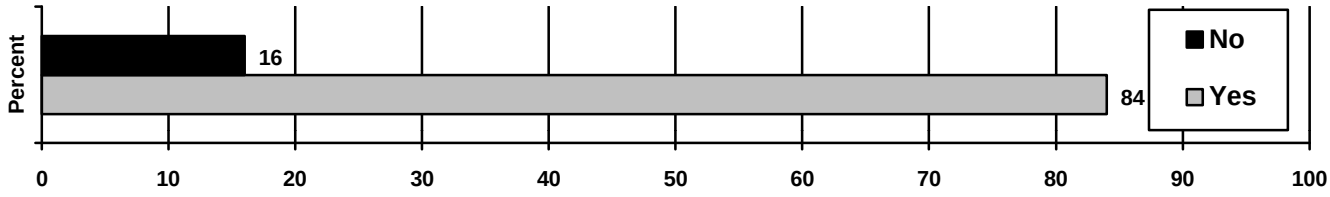
- When asked, "HAVE YOU SMOKED AT LEAST 100 CIGARETTES IN YOUR LIFE?," Grundy County residents responded:



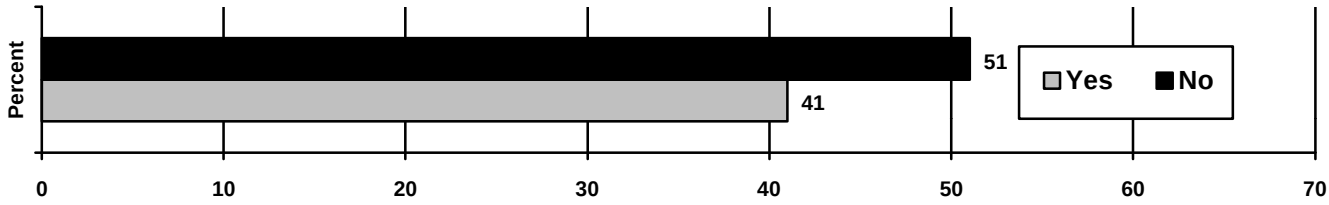
- When Grundy County residents who responded yes to the previous question were asked, "HOW OFTEN DO YOU NOW SMOKE CIGARETTES?", they responded:



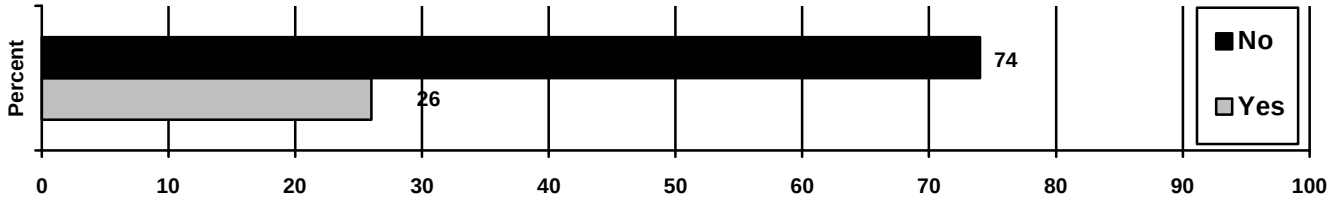
- ****When asked "DO YOU HAVE ANY KIND OF HEALTH CARE INSURANCE", Grundy county residents responded as follows:**



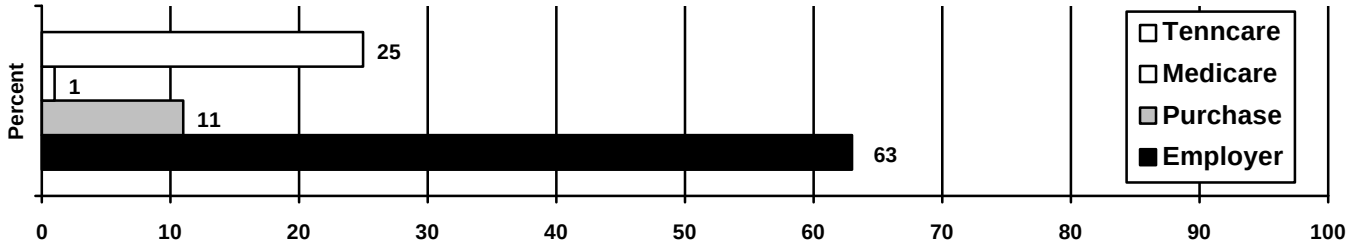
- When respondents with insurance were asked "DO YOU FEEL THAT YOUR COVERAGE LIMITS THE CARE YOU RECEIVE", they responded:



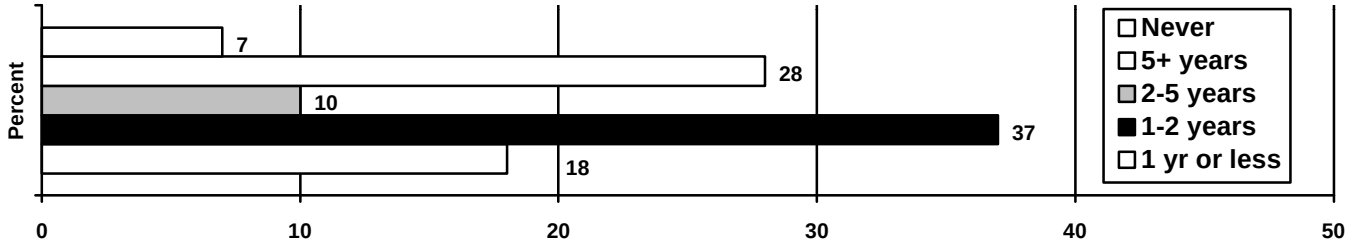
- When asked "HAVE YOU NEEDED TO SEE THE DOCTOR BUT COULD NOT DUE TO COST", Grundy County residents responded:



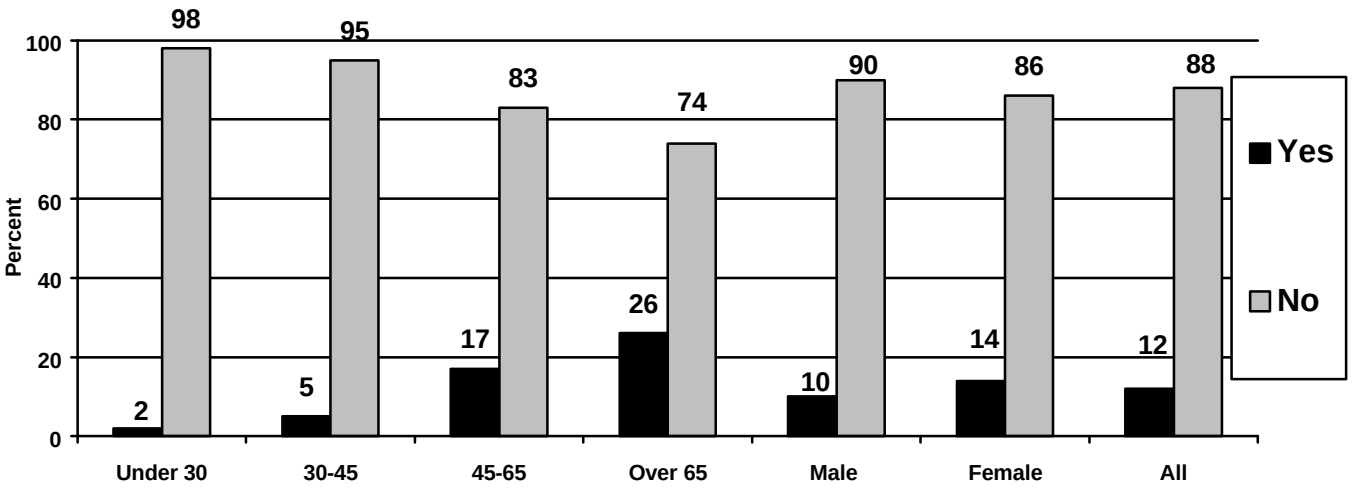
- When asked "WHAT TYPE OF HEALTH CARE COVERAGE DO YOU USE TO PAY FOR MOST OF YOUR MEDICAL CARE?", Grundy County residents responded:



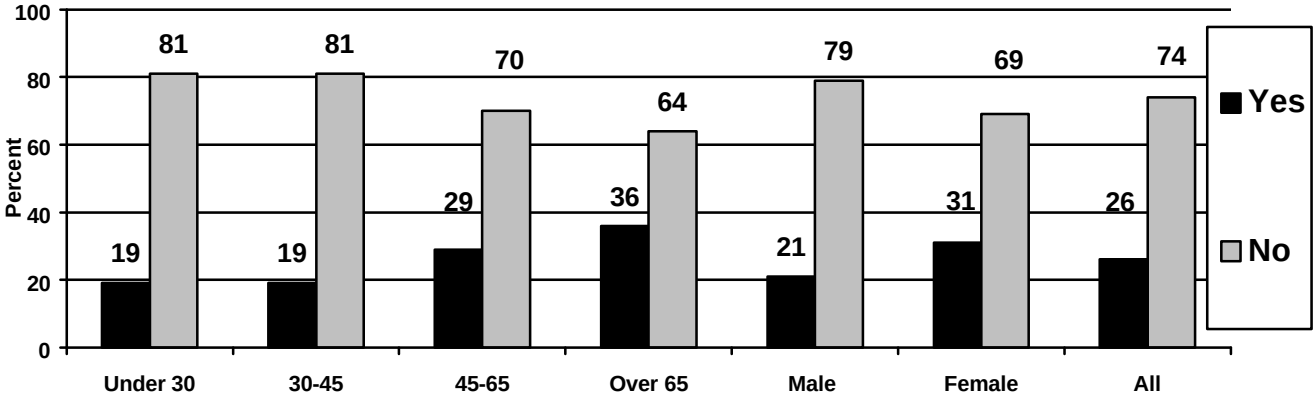
- ****When respondents without insurance were asked "HOW LONG SINCE YOU'VE HAD HEALTH CARE COVERAGE?", they responded:**



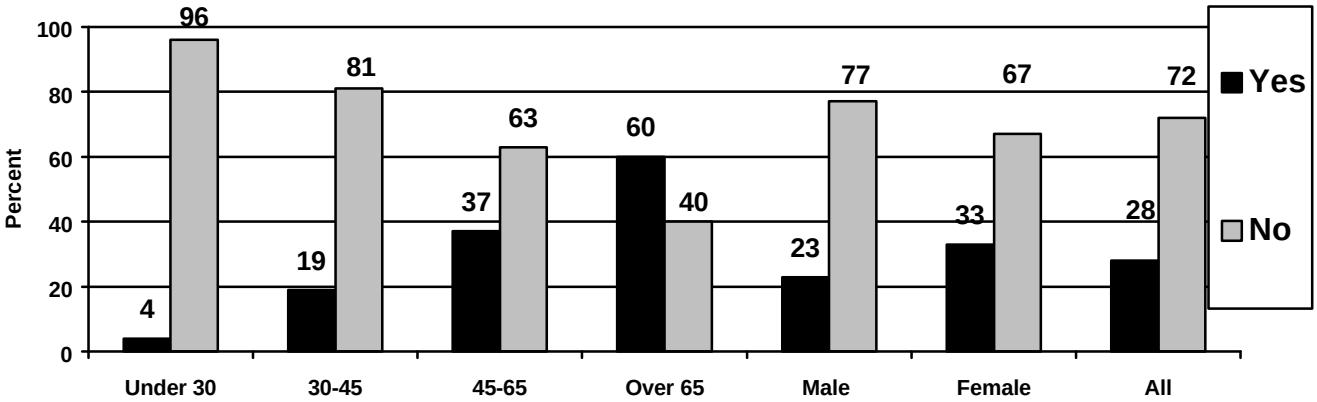
- When asked if they have ever had diabetes, Grundy County residents responded:



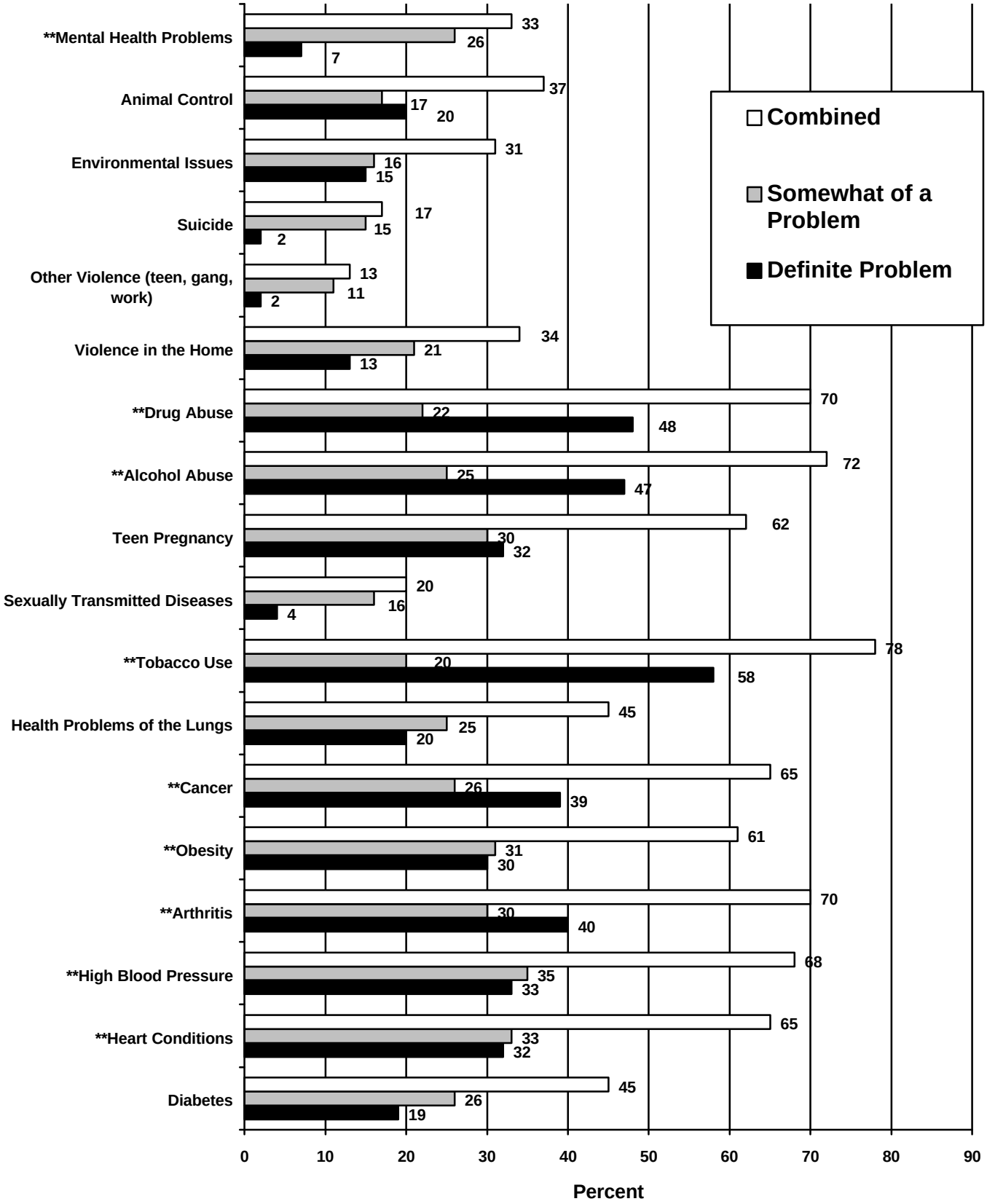
- When asked if they have ever been given advise about weight, Grundy County residents responded:



- When asked if they have ever had high blood pressure, Grundy County residents responded:



- ****When asked whether they felt the following were community problems, responses were as follows:**



VII. IDENTIFICATION AND PRIORITIZATION

Upon completion of the data review, the GCHC carefully considered the problems that had been highlighted throughout the process which included the following:

Pregnancy and Birth Data

Number of Births per 1,000 Females (Ages 10-14) PAGE-6
Number of Births per 1,000 Females (Ages 15-17) PAGE-7
Number of Pregnancies per 1,000 Females (Ages 10-14) PAGE-7
Number of Pregnancies per 1,000 Females (Ages 15-17) PAGE 8
Percent of Live Births Classified as Low Birthweight (less than 5 pounds, 9 ounces) (Ages 10-44) PAGE-8
Percent of Live Births with Late or No Prenatal Care (Females Ages 10-44) PAGE-9

Mortality Data

Leading Cause of Death for 1-4 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-10
Leading Cause of Death for 5-14 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-10
Leading Cause of Death for 15-24 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-11
Leading Cause of Death for 25-44 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-11
Fourth Leading Cause of Death for 45-64 Year Olds With Mortality Rates Per One Hundred Thousand Population (Accidents and Adverse Effects) PAGE-12
Female Breast Cancer Mortality Rates Per One Hundred Thousand Women Ages 40 Years and Older PAGE-12
Motor Vehicle Accidental Mortality Rate Per One Hundred Thousand Population PAGE-13
Other Accidental Mortality Rates Per One Hundred Thousand Population PAGE-13
Violent Death Rates Per One Hundred Thousand Population PAGE-14

Morbidity Data

Chlamydia Rates (Number of Reported Cases Per One Hundred Thousand Population) PAGE 15

Community Assessment Survey Data

Health and Social Concerns (Smoking, Teen Pregnancy, School Dropouts, Stress, Adult Alcohol Abuse, Adult Drug Abuse, Motor Vehicle Deaths, Teen Alcohol/Drug Abuse, High Blood Pressure, Smokeless Tobacco, Diabetes, Unemployment, Heart Conditions, Asthma, Depression, Domestic Violence, Accidental Deaths, Eating Disorders, STDs, Obesity, Poor Nutrition for Elderly) PAGE-17
Availability of Health Care Services in the Community (Alcohol/Drug Treatment, Nursing Home Care, Adult Day Care, Home Health Care, Day Care for Home Bound, Meals on Wheels, Mental Health Services, Child Abuse/Neglect Services, Women's Health Services) PAGE-18
Satisfaction With Services of the Local Hospitals (Pediatrics and Obstetrical Services) PAGE-19

Behavioral Risk Factor Survey Data

When Asked Whether the Following Were Community Problems (Transportation to Health Care) PAGE-23
Do You Have Any Kind Of Health Care Insurance? PAGE-25
How Long Since You've Had Health Care Coverage? PAGE-25
When Asked Whether They Felt the Following Were Community Problems (Mental Health Problems, Drug Abuse, Alcohol Abuse, Tobacco Use, Cancer, Obesity, Arthritis, High Blood Pressure, Heart Conditions) PAGE-27

In order to make the list of issues more manageable the council combined related issues and eliminated some issues that effected only a small number of residents. The GCHC then prioritized the remaining recognized health problems. Using the following worksheet, each individual council member ranked each issue according to the size, seriousness, an effectiveness of intervention.

GRUNDY COUNTY HEALTH PROBLEM PRIORITY WORKSHEET

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+B+C=D)	**Final Rank
Sex Education					
Nutrition					
Accidental Deaths					
Substance Abuse					
Mental Health					
Wellness					
Health Insurance					
Services for the Elderly					
Unemployment & School Dropouts					

**The Final Rank will be determined by assessing the Priority Score column. The lowest total will be ranked #1 and the highest total will be ranked #9.

A sum total of all council members' scores determined the final order of priority to be as follows:

TOTALS

	SCORE	*RANK*
Substance Abuse	**43**	**1**
Wellness	**62**	**2**
Unemployment and School Dropouts	**81**	**3**
Sex Education	**85**	**4**
Services for the Elderly	**95**	**5**
Mental Health	**97**	**6**
Accidental Deaths	**101**	**7**
Nutrition	**104**	**8**
Health Insurance	**112**	**9**

After all 9 recognized health problems had been prioritized, the council was left to decide how many issues they felt they could effectively address in full consideration of the following:

- Does it make economic sense to address the problem?
- Are there economic consequences if an intervention is not carried out?
- Will the community embrace an intervention for the problem? Is it wanted?
- Is funding currently available or potentially available for an intervention?
- Do current laws allow intervention activities to be implemented?

VIII. FINAL PRIORITIZED ISSUES

After reviewing the scores the council was asked how many issues they would like to address. The council choose the top five issues for strategic planning. The council felt that the issues wellness and nutrition could be combined and addressed together because of their interrelatedness.

Thus, the GCHC choose the following issues for strategic planning purposes:

1. **Substance Abuse**
2. **Wellness and Nutrition**
3. **Unemployment and School Dropouts**
4. **Sex Education**
5. **Services for the Elderly**

IX. CLOSING

This Community Diagnosis Health Status Report has provided a description of the assessment portion of the Community Diagnosis Process. The strategic planning portion will entail the formalizing of strategic interventions to deal with the aforementioned priorities. Soliciting input from additional residents and experts in the community, the GCHC will develop intervention strategies. Strategic planning will require consideration of the entire sequence of interacting factors that contribute to the problem, identifying contributing health links, identifying both public and private resources to address the problem, and identifying barriers to reducing the problem. Upon completion of the strategic planning process, the GCHC will publish Volume II: The Community Diagnosis Strategic Planning Document, detailing all goals, objectives and specific interventions. The final edition, Volume III: The Community Diagnosis Evaluation Document will monitor the implementation and evaluate each intervention.

The Tennessee Department of Health's Southeast Regional Assessment and Planning staff would like to thank the Grundy County Health Council for their continued support and dedication throughout the Community Diagnosis Process. Their tireless efforts have and will continue to positively affect the health of Grundy County.

If you would like more information about the health council or would like to join the council in their efforts to positively effect the above issues, please call (423) 634-3124 and ask to speak with someone with Assessment and Planning.

This report is also available on the world wide web thanks to a joint effort of the Tennessee Department of Health and the University of Tennessee at server.to/hit under the reports heading.